



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	application of:)		
	••	:	Examiner: D. Q. Tran	
KEISUKE MITANI)		
		:	Group Art Unit: 2624	
Appln. No.: 09/516,111)		
		:		RECEIVED
Filed:	March 1, 2000)		
_		:		JAN 1 2 2004
For:	PRINTING CONTROL)		
	APPARATUS, DATA	:		Technology Center 2600
	PROCESSING METHOD FOR)	•	
	PRINTING CONTROL	:		
	APPARATUS, AND STORAGE)	•	
	MEDIUM STORING COMPUTER	-:		
	READABLE PROGRAM)	January 6, 2004	

Mail Stop Non-Fee Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 6, 2003, please amend the aboveidentified application as follows. Changes to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 8.

> I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

January 6, 2004 (Date of Deposit)

Leonard P. Diana (Reg. No. 29,296) (Name of Attorney for Applicant)

January 6, 2004

Date of Signature



2624

Docket No. 03500.014321.

Appln. No.: 09/516,111

Examiner: D. Q. Tran

. Filed: March 1, 2000

Group Art Unit: 2624

For: PRINTING CONTROL APPARATUS,

DATA PROCESSING METHOD FOR

PRINTING CONTROL APPARATUS, AND STORAGE MEDIUM STORING COMPUTER-

READABLE PROGRAM

Date: January 6, 2004

RECEIVED

JAN 1 2 2004

Technology Center 2600

 Mail Stop Non-Fee Amendment Commissioner for Patents
 P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290 \$0					\$0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0

*	If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.				
***	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space				
	°Verified Statement claiming small entity status is enclosed, if not filed previously.				
	A check in the amount of \$ is enclosed.				
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.				
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.				
	A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed.				
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.				
X	Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.				
	Respectfully submitted,				
	Attorney for Applicant				
	Registration No. 29,296				

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